

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>	

Full Name of Payee <b>OVF PAC payroll</b> [MEMO ITEM] estimated November 1-8		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 20 S 3rd St Suite 210		Amount 10810.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : WFT20161011959-1
Purpose of Expenditure November canvassers estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		67768.00	

Full Name of Payee <b>OVF PAC payroll</b> [MEMO ITEM] estimated November 1-8		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 20 S 3rd St Suite 210		Amount 10810.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : WFT2016101205-1
Purpose of Expenditure November canvassers estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		67768.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Holt, David, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 11 / 09 / 2016

Signature